

EEOC FORM 131-A (11/09)

**U.S. Equal Employment Opportunity Commission**

<div style="border: 1px solid black; height: 100px; margin-bottom: 10px;"></div> <p><b>TOWNSQUARE MEDIA PORTSMOUTH LICENSE, LLC</b>  <b>PO Box 576</b>  <b>Dover, NH 03821</b></p>	<p>PERSON FILING CHARGE</p> <p style="text-align: center;"><b>Tracey Franciose</b></p> <p>THIS PERSON (check one or both)</p> <p><input checked="" type="checkbox"/> Claims To Be Aggrieved</p> <p><input type="checkbox"/> Is Filing on Behalf of Other(s)</p> <hr/> <p>EEOC CHARGE NO.  <b>16D-2020-00189</b></p> <hr/> <p>FEPA CHARGE NO.  <b>ES(H)(R) 0182-20</b></p>
--	---

**NOTICE OF CHARGE OF DISCRIMINATION IN JURISDICTION WHERE A FEP AGENCY WILL INITIALLY PROCESS**  
*(See the enclosed for additional information)*

THIS IS NOTICE THAT A CHARGE OF EMPLOYMENT DISCRIMINATION UNDER

- ☐ Title VII of the Civil Rights Act (Title VII)
 ☐ The Equal Pay Act (EPA)
 ☒ The Americans with Disabilities Act (ADA)
- ☐ The Age Discrimination in Employment Act (ADEA)
 ☐ The Genetic Information Nondiscrimination Act (GINA)

HAS BEEN RECEIVED BY

- ☐ The EEOC and sent for initial processing to \_\_\_\_\_  
*(FEP Agency)*
- ☒ The **New Hampshire Commission for Human Rights** and sent to EEOC for dual filing purposes.  
*(FEP Agency)*

While EEOC has jurisdiction (upon expiration of any deferral requirement if this is a Title VII, ADA or GINA charge) to investigate this charge, EEOC may suspend its investigation and await the issuance of the Agency's final findings and orders. These findings and orders will be given weight by EEOC in making its own determination as to whether reasonable cause exists to believe that discrimination has occurred.

You are therefore encouraged to cooperate fully with the Agency. All facts and evidence provided by you to the Agency will be considered by EEOC when it reviews the Agency's final findings and orders. In many cases EEOC will take no further action, thereby avoiding the necessity of an investigation by both the Agency and EEOC. This likelihood is increased by your active cooperation with the Agency.

As a party to the charge, you may request that EEOC review the final findings and orders of the above-named Agency. For such a request to be honored, you must notify EEOC in writing within 15 days of your receipt of the Agency's final decision and order. If the Agency terminates its proceedings without issuing a final finding and order, you will be contacted further by EEOC. Regardless of whether the Agency or EEOC processes the charge, the Recordkeeping and Non-Retaliation provisions of the statutes as explained in the enclosed information sheet apply.

For further correspondence on this matter, please use the charge number(s) shown above.

Enclosure(s): Copy of Charge

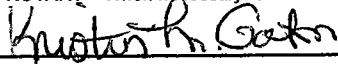



**CIRCUMSTANCES OF ALLEGED DISCRIMINATION**

- ☐ Race
 ☐ Color
 ☐ Sex
 ☐ Religion
 ☐ National Origin
 ☐ Age
 ☒ Disability
 ☒ Retaliation
 ☐ Genetic Information
 ☐ Other

See enclosed copy of charge of discrimination.

Date	Name / Title of Authorized Official  <b>Judy A. Keenan,          District Director</b>	Signature
------	--	-----------

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To:      Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> FEPA  <input checked="" type="checkbox"/> EEOC         </div> <div style="text-align: right;"> <b>ES(H)(R) 0182-20 16D-2020-00189</b> </div> </div>	
<b>New Hampshire Commission for Human Rights</b> and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) <b>Tracey Franciose</b>		Home Phone (Incl. Area Code) <b>(603) 817-9374</b>	Date of Birth
Street Address      City, State and ZIP Code <b>Po Box 406, Rollinsford, NH 03869</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>TOWNSQUARE MEDIA PORTSMOUTH LICENSE, LLC</b>		No. Employees, Members <b>15 - 100</b>	Phone No. (Include Area Code) <b>(603) 665-0400</b>
Street Address      City, State and ZIP Code <b>PO Box 576, Dover, NH 03821</b>			
Name <b>Townsquare Media Portsmouth, LLC</b>		No. Employees, Members <b>15-100</b>	Phone No. (Include Area Code) <b>(203) 861-0900</b>
Street Address      City, State and ZIP Code <b>1 Manhattanville Road, Suite 202 Purchase, NY 10577</b>			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> RACE</div> <div style="width: 50%;"><input type="checkbox"/> COLOR</div> <div style="width: 50%;"><input type="checkbox"/> SEX</div> <div style="width: 50%;"><input type="checkbox"/> RELIGION</div> <div style="width: 50%;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="width: 50%;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="width: 50%;"><input type="checkbox"/> AGE</div> <div style="width: 50%;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="width: 50%;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="width: 50%;"><input checked="" type="checkbox"/> OTHER (Specify) <b>RSA 354-A</b></div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest      Latest <b>03-09-2020      03-30-2020</b>  <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <ol style="list-style-type: none"> <li>I identify as a person with a disability.</li> <li>On 10/14/14, I began employment as an Account Executive with Townsquare Media. I have worked in the media industry for almost 25 years.</li> <li>Approximately three years ago, Townsquare Media hired my former supervisor, Christine Sieks as my new supervisor</li> <li>I have a lengthy professional history with Sieks because we have worked at two prior companies together. Sieks previously terminated my employment when we worked at Clear Channel, another media company.</li> <li>I experienced disparate treatment from Sieks based on my disability and observed Sieks give preferential treatment to her friends that she hired while at Townsquare Media.</li> <li>Sieks was aware that I am a recovering alcoholic and that I am proud of my 13 years of sobriety.</li> <li>On March 9, 2020, during a meeting with Sieks and Manager Brian Lang, she issued me a</li> </ol>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.  I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements <div style="text-align: center;">         I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.        SIGNATURE OF COMPLAINANT          SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE        (month, day, year) <b>9/9/2020</b> </div> <div style="text-align: right;">  </div>	
<div style="display: flex; justify-content: space-between;"> <div> <b>9/9/20</b>          Date       </div> <div>           Charging Party Signature       </div> </div>			

EEOC Form 5 (11/09)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☒ FEPA☒ EEOC**16D-2020-00189****New Hampshire Commission for Human Rights**

and EEOC

*State or local Agency, if any***Performance Improvement Plan.**

8. The Performance Improvement Plan personally attacked me, stating I look disheveled, without makeup and dressed too casually.
9. In this same meeting, Sieks accused me of not showering and drinking alcohol. I believe she was using her knowledge of my past recovery history against me.
10. The Performance Improvement Plan stated that we were to review my performance again on April 2, 2020.
11. On March 30, 2020, I was terminated by Sieks and Lang via telephone, who cited that because of the current COVID pandemic, the company was restructuring and I would not be part of the restructuring plan.
12. On or about this same day, I was forced under great duress to agree to a non-compete agreement, but I did not sign the non-compete agreement.
13. On or about April 30, 2020, I saw that Townsquare Media was recruiting for my position.
14. Because I have 25 years of experience in the media industry, I tried to find freelance employment work and recently partnered with another professional.
15. Sieks contacted me on 8/28/20, 8/31/20 and 9/3/2020 accusing me of being in violation of the non-compete agreement that I did not sign.
16. I assert that I have been discriminated against because of my disability.
17. I assert that I have been retaliated against by way of termination.
18. I have and continue to suffer damages, including but not limited to lost wages, lost earning capacity, lost employment benefits, emotional distress, humiliation, inconvenience, and loss of enjoyment of life. I seek all damages to which I am entitled.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

9/9/20

Date



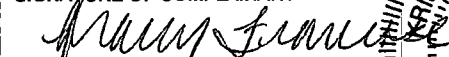
Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements



I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT



SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE MAY 17, 2022

(month, day, year)

9/9/2020

